

THE NORTH-WESTERN  
MEDICAL AND SURGICAL JOURNAL.  
NEW SERIES.

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VOL. III.

MARCH, 1854.

NO. 3.

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ORIGINAL COMMUNICATIONS.

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ART. I.—*Curative Properties of Oil of Turpentine.* By C. A. HATHWELL, M. D., of Virginia, Cass Co., Ill.

I HAD prepared a paper some time since for publication in this Journal, on the importance of the Oil of Turpentine in the treatment of various diseases, but in consequence of professional and other engagements, it laid "like a warrior taking his rest" quiet and undisturbed in my office, till my attention was again directed to it by reading the remarks of Dr. Thompson in the No. for December, 1853.

I fully coincide in the opinion of that gentleman, that it is an article too much neglected by the profession generally. When a medical student in Philadelphia, some twenty years since, Professors Coxe and Chapman both appeared much opposed to it, and were very chary in its recommendation. Judging from their high authority, I embarked in practice with early prejudices imbibed against it, but as time rolled on, and I began to do my own thinking and ceased looking through the spectacles of others, I used the article extensively, and am now satisfied it is a valuable and important remedy in ameliorating "the ills which flesh is heir to."

If worthy of record in these pages, I would submit a few cases in which I have employed it with the most unequivocal advantage.

February 10, 1850. Called to Mrs. W. S., on the Indian Creek settlement, found her laboring under the following symptoms:—

pulse small, hard, and corded, abdomen tense, complained of great pain on pressure, particularly about the umbilicus, skin dry, much gastro-intestinal irritation, difficulty in voiding urine, restlessness, anxiety, intense thirst, tongue furred, breath hot and offensive, etc. She stated she was taken with a chill, afterwards pyrexia.

I diagnoseed it a case of enteritis, bled my patient freely, ordered hops stewed in vinegar to be kept constantly to the bowels and hyd. proto. chlo. gr. viij. div. in pulv. No. 8, one to be given every hour and followed with a full dose of oil.

Feb. 11th. Patient not decidedly relieved, applied large blister over abdomen, directed emollient enemata to be thrown up the bowels in large quantities, mucilaginous drinks, etc.

Feb. 12th. Patient improved, ordered castor oil and turpentine; great objections made to the latter article, with the observation, "Why, Doctor, we use that in paint and to kill chintzes" the notable old nurse with uplifted hands and eyes dilated, disapproved of the prescription, but nevertheless under this treatment there was a gradual and general subsidence of pain, pulse became fuller and softer, moderate diaphoresis, skin soft, fecal evacuations natural, etc., and my patient rapidly convalesced.

June 4, 1850. I visited a son of Mr. P. E. R., aged 15, affected with dysentery, saw him several days. I employed the usual remedies without any decided benefit, one day better, and then again relapsing into the same state, or worse perhaps than when first called to see him. I finally concluded on resorting to the Ol. Ricini et Terebinth., and in a short time the lad had so much recovered, that my visits were unnecessary.

July 1, 1852. Visited Mrs. P., laboring under dysentery of a chronic character. The case was treated principally with the oil and turpentine, and she soon recovered.

I can observe, that in my hands I have found no agent so positively beneficial in either the acute or chronic forms of dysentery, or in any other diseased action of the mucous membranes.

For some time past I have been in the habit of prescribing the turpentine and oil in the convulsive affections of children, which are mostly attributed to worms, and with evident advantage. I now rarely employ any of the anthelmintics that are commonly recom-

mended, but from experience place my reliance upon these two articles in combination. Their *modus operandi* seems to consist in relieving the stomach and intestines from any irritating matter that may have accumulated in them, and then also lubricating and healing the irritated membranes.

During the month of August, 1853, several cases of Cholera Infantum came under my management, one of which I relate, as it, with little variation, was characteristic of nearly all.

August 8. Was sent for to see a child of Mr. J. B., a fine little boy 22 months old, had almost constant watery discharges from the bowels, extremely fetid and unpleasant, stomach excessively irritable, everything instantly ejected, pulse quick, cold extremities, etc. R Sub. Mur. Hyd. gr. i. c. Sacch. Alb.  $\mathcal{O}$ j Pulv. Cinnam.  $\mathfrak{z}$ ss. M. et. div. in chart. No. 10, one to be administered every hour, and a mild sinapism over the cardiac region.

Next day, found the stomach yet quite irritable, head hot, thirst great, colliquative stools, etc., ordered cloths wrung out of cold water to the head, demulcents, as flaxseed tea for drink, and tapioca, continued the calomel.

Aug. 10. Found the irritability of the stomach had abated, but the alvine evacuations very frequent. I directed small doses of the Oleag. mist. cum creta.

Aug. 11. Observed the abdomen much swollen, tenderness on pressure, symptoms of cerebral oppression, dejections of a sanious character and slimy. I commenced the use of oil and turpentine.

Aug. 13. Two days after exhibiting the above remedy, the tumefaction of the abdomen had entirely subsided, the fecal discharges assumed a more natural appearance, and the improvement general. In a few days I had the proud and joyful satisfaction of feeling and beholding that under Providence, I had been the humble instrument of rescuing that, darling child from the very jaws of death, and restoring it to the embraces of its doting parents, a pleasure that none are more competent to appreciate than the practising physician, and one especially whose peaceful mansion the insatiate archer has invaded, and stricken down its jewel.

The task would not be difficult to record some other cases in

which I have employed the turpentine with marked advantage as in certain hemorrhages, etc., but as brevity is desirable in all communications, I shall forbear, having no disposition to intrude further upon the space allotted to a correspondent, to the exclusion perhaps of more important matter.

In conclusion, I must observe, that I do not recommend the turpentine as a panacea, as some physicians, I regret to say, will attach their names to a popular nostrum, and give it notoriety, but as a valuable therapeutic agent considerably lost sight of.

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ART. II.—*On the Treatment of Poisoning by Arsenic.* By  
Dr. W. S. BARKER, Beloit, Wis.

CASE. A child aged six years, son of Wm. Dyer, of this village, was poisoned by arsenic, Oct. 2d, 1853. The mother of the boy saw some rats in the house, and thought she would destroy them with poison. She put about a table-spoonful of arsenic on a plate, and being called to another part of the house, left it on a table in the parlor. Returning to the room after a few minutes absence, she saw the child leisurely devouring the poison. His mouth was filled with it, and the tongue was covered from tip to base. She made him spit out much of it, but the boy himself said he had already swallowed more than he had in his mouth at the time she detected him. Though it would be impossible to say with exactness, I should think he had swallowed not less than 30 or 40 grains. I was called at 8½ P. M., 30 minutes after the poison was taken.

*Symptoms:* When I arrived the patient complained of severe burning pain at the precordia; nausea; respiration difficult; pulse small, frequent, (137) and very irregular, and an unusual heat over the whole body.

*Treatment:* Emetic of sulphate of zinc, which acted after copious draughts of milk. He had drank water before I saw him, but had not vomited. I then filled a quart bowl with magnesia and milk, a part of which was taken and immediately rejected. The dose was repeated in like manner, until all was drank, though but little was retained in the stomach, and no benefit was perceptible.

At 10 P. M. the child seemed rapidly growing worse. Coun-



tenance anxious ; great soreness in the stomach, tremor of the limbs, retchings ; in short unmistakable symptoms of arsenical poisoning. I then prepared and administered the following :

Gum. Arabic Mucilage ʒvj.

Ferri Carb. ʒij.

Cretae pptae. ʒj.

He took 3 such doses. Soon after the first dose he seemed better. The pain was much less, and the throat became moist. After the second he felt quite easy, tongue moist, skin not so hot, pulse 85 and more full and steady.

After the third dose all signs of poisoning ceased. He went to sleep and slept well for six hours. In two days he was as well as usual, and has since continued in perfect health.

*Remarks.* Judging from the apparent effects of the carbonate of iron in this case, I firmly believe the recovery of the patient was owing to its timely administration. I think that notwithstanding the other means resorted to, he would probably have died without this antidote.

I presume it is generally known by the profession, that in 1834 Dr. Bunsen, a German Chemist, proposed the use of the hydrated peroxyde of Iron in a moist state, as an antidote to arsenic. A case was soon after treated with it successfully ; an account of which was published in the *Revue Medicale*.

Many experiments were afterwards tried on the inferior animals, the result of which sustained Mr. Bunsen's opinion.

Numerous trials, chemical and physiological, were then made to test the efficacy of the dry peroxyde of iron, and its antidotal power was found to be considerable when the dose of the poison had not exceeded four or five grains.

Consequently the hydrated peroxyde of iron held the supremacy and was recommended by M. Orfila and other eminent toxicologists.

No one therefore can question the value of this substance in arsenical poison. But although there is no objection to the article itself, it, like many other good and desirable things, is frequently difficult to procure.

In fact, in most places, it is not to be had at all. A practical

chemist only can prepare it, and but few physicians in general practice, particularly those residing in country towns and villages, would attempt it.

Moreover it will not keep for a length of time, but must be freshly prepared.

The process of preparing it is very tedious, requiring of even an experienced chemist four or five hours time. To be sure, the dry peroxyde can be prepared with less trouble, but even this takes more time than a practitioner would like to spare after he is called to treat a case of poisoning, knowing as he must, that the sooner after the ingestion of the poison the antidote is given, the greater will be the probability of its efficacy. What, then, can he do? If he has no faith in magnesia or charcoal in such cases, and doubts whether good effects would result from bleeding, or stimulants, he would probably either trust his patients to chance or commence the preparation of the oxyde of iron. But let us stop for a moment and inquire, concerning the *modus operandi* of this antidote. It unites with the arsenic and forms an inert, insoluble compound, and "there is reason to believe that if a complete union could take place in the stomach *soon after the poison had been swallowed*, and before it has produced its deliterious effects, life might be saved.

But the difficulty is, that during the time necessary to prepare the peroxyde. a considerable quantity of the poison is absorbed and beyond the reach of a chemical antidote. Therefore, I would suggest that in all cases of poisoning by arsenic it would be well, after expelling as much as possible of the metal by vomiting, to administer the carbonate of iron.

In the case the history of which I have just given, the poison was taken into the mouth dry, and some water drank soon after, which, of course, promoted its solubility, and favored its absorption. The plan of treatment generally adopted, did not in the least mitigate the symptoms, which were very severe. But after taking the iron, the improvement was marked, progressive and permanent.

At the time this case occurred in my practice, I was not aware that the carbonate of iron had even been used as an antidote to arsenious acid. I have since read in the *Medico-Chirurgical Review*

an account of two cases, which were under the observation and treatment of an experienced English Surgeon, P. L. Serph, of Welshpool.

He gave carb. ferri in both cases, and attributed the recovery of his patients to it. His first case was a boy twelve years of age, who swallowed by mistake a tea-cupful of a solution of white oxyde of arsenic, prepared by a member of the family to cure the itch. Mr. Serph thought the solution contained a scruple of the oxyde.

Case second, was an adult who had washed his body and limbs in a strong solution of arsenic, recommended by a *friend* for some malady with which he thought himself afflicted. The symptoms in both cases were severe, threatening the extinction of life, but yielded rapidly after the administration of carb. of iron in large doses.

As the use of this antidote, if I may be allowed to call it such in these three cases the only instances of arsenical poisoning in which I have known of its use, was attended with entire success, I think, I may with propriety, call the attention of members of the profession to the subject.

The want of a reliable antidote to arsenic, that could be had at a moment's warning and administered without delay, has been much deplored.

Poisoning by arsenic is not so infrequent an occurrence as some may suppose. Where self destruction is attempted by poisoning, arsenic is generally selected. "Of 543 fatal cases of poisoning, upon which coroners' inquests were held in England during two years, death was caused in 186 cases by arsenic. Of 288 cases in France, 196 were caused by arsenical compounds."

I will conclude this article, which is already longer than I designed writing when I began, by expressing the wish, that its publication may induce others to make use of this preparation of iron, and that it may prove as valuable as in the cases already cited.

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*Transactions of the Illinois State Medical Society, for the year 1853. "On the Uses of Turpentine; by Samuel Thompson, M.D., of Albion, Illinois.*

*A Dictionary of Practical Medicine, Comprising General Pathology, the Nature and Treatment of Diseases, Morbid Strictures, &c: by James Copland, M. D., F. R. S. Re-published by Harper & Brothers, New York.*

"RENDER UNTO CÆSAR THE THINGS THAT ARE CÆSARS."

(Continued from last Number.)

Since the preceding part of this article was written, we have received the first No. of the *Retrospect* for the present year. It contains two articles on the use of turpentine in hemorrhagic diseases. Dr. Oke (page 201) recommends turpentine and kino to arrest injurious bleeding from piles. We will extract the first case reported by him. "A tradesman, aged forty-five, the father of a large family, had been for a considerable time subject to daily hemorrhage from the veins of the rectum. He had lost so much blood with every stool, as to become blanched and exhausted. Several medical men had been consulted, who endeavored to restrain the bleeding by a variety of remedies, both internal and external, but without success; and the patient had prepared himself for a fatal issue. Being requested to visit him at this time, I placed him at once under the above treatment. The effect was really marvellous. The bleeding was almost immediately controlled; and, what greatly surprised me, the stools, which had been of an ash color—and they are always of a light color in these cases—assumed a healthy and well digested appearance. It is therefore probable that the turpentine not only acted as a styptic, but also as a deobstruent in removing, in some way or other, the hepatic obstruction. Be this as it may, the bleeding never returned; the patient gradually regained his good looks, and has for many years enjoyed excellent health." He concludes his remarks thus: "Turpentine as a styptic for internal passive hemorrhage stands unrivalled." True, Dr., would that we could say as much for your honor. Dr. Copland recommends turpentine both by the mouth and in enemata in the same disease, and it was published long before your observations, and you knew it, and yet no allusion to him appears on the record. Piles are a very common form of disease in our section of the country and have their origin, we think, partly from the *fine flour* in-

variably used in making bread, and partly from the *patent pills* almost as invariably used to remove the costiveness produced by the fine flour. During a practice of nine years in England, we never met with a case of piles in the peasantry, who eat coarse wheaten or oaten bread, and take no patent pills.

Mr. Smith (*Retrospect*, same No., page 319,) relates two cases of purpura which came under his treatment the past year—the first was of a chronic character and, under the usual treatment, the amendment was chronic too. The second case was somewhat acute, and the amendment from the use of turpentine, was rapid and complete. “I certainly believe, (he remarks) that in all passive hemorrhages, turpentine will be found valuable in its effects; and in this class of diseases we must generally place purpura,” and he acknowledges his obligation to Dr. Copland.

As purpura is not an infrequent disease, we will now give a somewhat lengthy extract from Copland on its treatment, but it will amply compensate the reader for its perusal. “*Viewing the disease as essentially dependent upon impaired vital tone, and cohesion of the capillaries and of the several tissues, with more or less manifest change in the blood, either proceeding from or connected with impaired assimilation and excretion.* I have hardly ever directed vascular depletion, but have prescribed those remedies which appeared to me the best suited for the removal of these pathological states; and I have never found, in the many instances in which I have prescribed it since 1817, the *oleum terebinthina* fail in removing the disease when prescribed in a suitable form or dose, or in such combinations as the peculiar features of the case required. Numerous other means will often succeed in curing this malady; but there is none so efficacious as this in the hemorrhagic states of the disease, and none which will be more beneficial, conjoined with purgatives, in the several circumstances requiring a purgative treatment. If we wish to arrest the hemorrhagic disposition, the turpentine should be given in doses varying from half a drachm to a drachm three or four times daily; and if the vital powers be much depressed, a few drops of the tincture of capsicum, or some aromatic tincture, may be conjoined with it. If it be more desirable to act upon the bowels, then it may be pre-

scribed in much larger doses, with castor oil, on the surface of some aromatic water, or in any other mode; or it may be administered similarly conjoined in enemata. If the exhibition of it by the mouth produce vomiting, this occurrence may prove salutary, or may even be promoted, as tending to emulge the biliary ducts, and to remove congestion of the abdominal viscera. If, on the other hand, it should be preferred neither to risk nor to produce this effect, or even the unpleasant sensation it may produce when thus exhibited, then the administration of it in enemata, in moderate doses, with a few drops of tinctura opii, or with a drachm or two of tinctura comphora comp., repeating the enemata frequently, or according to the period of their retention, and to their action on the bowels, will be very beneficial. If the patient complain of abdominal pains and flatulence, epithems of turpentine, or liniments or embrocations containing it may be applied over the abdomen, or frictions with these may be directed." (*Opus cit. article purpura.*)

On the 12th of last September we saw, in consultation, a case of purpura. We saw the same patient about two weeks previously suffering under a severe attack of dysentery, but was convalescent when the former disease attacked him. Perhaps it would be more correct, to call the case *hemorrhagia universalis*, for there was no portion of mucous membrane, so far as we could ascertain, through which blood did not exude, and no portion of skin fell from either ecchymoses or vibices or petechiæ. He had been judiciously and energetically treated. Tonics, stimulants and styptics amongst which was turpentine had been given as freely as the stomach would bear—the same course was continued but, apparently, without the least effect, for the general hemorrhage continued and the patient succumbed to the disease the day after we saw him. It is possible the turpentine was not given in a "suitable form or dose", nevertheless we are a little inclined to the opinion that had Copland himself treated this case, he would, in the next edition of his Dictionary, record one unfavorable issue. We approach Dysentery, and its treatment with turpentine, with some hesitation and no little diffidence. As far as we have proceeded, the cases requiring the use of Turpentine, have been so clear, that an observant Physician would be able to prescribe it without any or with

but little, doubt of its success. But such plain indications for its administration do not exist in dysentery, as in any other of the diseases for which we have prescribed it. It is true that in some stages of the diseases, and in certain conditions of the system, either the effect of or complicating dysentery, we have frequently prescribed it without doubt and without disappointment; but we have repeatedly given it, (see our report in the last transactions of the state society) with complete success, where the most striking indications for its exhibitions were generally wanting; and we were induced to use it in these cases solely from the fact—that the Diarrhoeas preceding the Dysentery in the same localities were cured more rapidly by turpentine than by any other remedy or combination of remedies. These cases were treated in 1852. In the autumn of last year we gave turpentine in Dysentery without any benefit, and yet there was no difference in the symptoms, that we could appreciate, except that the disorder as far as we could ascertain, was located higher in the bowels than in the preceding year. There is a good deal about this disease we do not understand or pretend to understand. Since its first appearance in this county in 1851 it has visited us every autumn, and the treatment that was successful in the first year, has been useless, and worse than useless, in every succeeding year. Each visitation of the disease has required a different course of treatment—and such appears to be its character from the earliest records of medicine to the present time.

Dr. Copland says "The terebinthines are valuable remedies in the asthenic and chronic forms. They were recommended by the author (*Med. & Phys. Journal*, Vol. 46, page 107,) and have since been employed by several physicians. They are not contraindicated in the inflammatory varieties, although bleeding should be premised; and when exhibited so as to act gently on the bowels, or in small enemata, they counteract the tendency to sloughing or ulceration; particularly in the asthenic varieties." There is as much information on this subject in the above extract as we can meet with any where, or we can hope to convey.

We will conclude by giving a short description of one of the worst cases that fell under our care in 1851. The patient, rather



past middle age, had mucous and bloody discharges three days before we saw him—he had been taking frequently during those days a composition of his own making—equal parts of Castor Oil, Molasses and Rum—but without any benefit—as there was hepatic derangement we proposed giving him a full dose of Calomel—to this he objected—and he was treated with sedatives, refrigerants, counter-irritation, aperients, &c. for eighteen days—the case all the time apparently tending to a fatal termination. On the fourteenth day of our attendance the right side of the face began to swell and put on an erysipelatous appearance, and we scarified it at once and deeply; on the eighteenth day a considerable abscess had formed a little above the angle of the lower jaw, it was opened and discharged about an ounce of unhealthy pus. By this time the case was almost hopeless, the patient's strength well nigh exhausted, and the discharges from the bowels almost continuous and showing a bad condition of the disease. During this visit we were somewhat surprised by another physician making his appearance, and as no intimation had been given of any dissatisfaction with us—without saying a word we withdrew from the case. (The Dr. was not orthodox.) Four days afterward, we were sent for again and the case had evidently been unfavorably progressing during the time. The first question that we asked ourselves was, "Is it of any use to give anything? and if so what?" We concluded that if any remedy would change the morbid condition of the color—turpentine would—if it would be thrown sufficiently high to reach the disease. Four ounces of turpentine mixed with the same quantity of mucilage were thrown as forcibly as it could be into the bowels; he instantly complained of excruciating pain and wished to evacuate the injection—but we prevented it by firmly grasping the sphincter and kept it retained for about a minute; he then passed it—but he complained of so much distress, comparing it to hot coals in his fundament—that we washed out the syringe and injected half a pint of cream with considerable relief. We then retired to another room and took dinner; on our return the countenance had brightened so much that we gave cautiously a somewhat favorable prognosis. In our anxiety to act promptly and energetically, we had entirely overlooked the exco-riating effect of long-continued irritating discharges—or we could

have partly prevented the smarting from the injection by anointing the anus and contiguous parts. The next discharge from the bowels passed in about an hour; it contained some fecal matter, a little mucous, and blood of a vermillion tint—from this time the improvement was rapid and in three days every vestige of the disease had disappeared. This is another case where the beneficial effect of the remedy on disease was immediately felt by the system and manifested through the countenance.

Dr. Copland recommends turpentine for the removal of Colic in almost all its varieties, and in lead Colic he gives it in large doses combined with Castor Oil. It is frequently prescribed or rather given by mothers in this county for the same disease; and there can be no doubt, from its popularity, that it is generally efficacious.

We will conclude our remarks on Colic by relating a case that has some very singular and interesting features.

Some eight years ago we were consulted by a middle aged man—he was low spirited and desponding, but had little to complain of beyond irregularity in his alvine discharges, accompanied more by a general uneasiness than actual pain in the bowels. On the most careful examination of his case, there was not anything very tangible about it, except we could perceive some degree of hardness in the left side of the umbilicus, and which we at the time thought was situated on the transverse arch of the colon. After treating the case mildly for a few weeks, we presented him before the old Peoria District Medical Society, and a variety of opinions was given as to the cause of his sickness—but, like the case itself, there was nothing very tangible in them. The case remaining too obscure for specific practice, we treated him with tonics and aperients to which a little blue mass was added, and so it progressed without any material change for some weeks, and not knowing really what to do, we gradually lengthened the intervals between our visits. The patient during this time was generally able to travel about the country. One morning we were sent for in haste, and on arriving found, that during the night he had been suddenly seized with excruciating pain in the bowels, and although he appeared in great suffering, he said it had materially abated,

his bowels had not acted for three days, and for some time previously but scantily and irregularly; his tongue was loaded with a thick yellow coating, with a strip down the centre of a brownish tint, and the breath tainted, with a fecal odor: the circulation but little disturbed. On examining the abdomen, the colon could be traced nearly its whole length with the eye; its ascending and transverse portion were loaded, except about two and half inches of the left side of the arch, and there induration and contraction of its coats were very perceptible; the centre of the induration for about half an inch was firmer and more contracted than the rest. We ought to have mentioned before, that he had felt a degree of uneasiness, scarcely amounting to pain, about the indurated portion for six or seven years, and at times had suffered severely from constipation; but never equally with the present attack. The descending portion of the colon was enormously distended; perhaps it would be more correct to say, to its utmost limit. His general health was considerably impaired, and he was more gloomy and desponding than ever. We gave him ten grains of hydrarg. chlorid., three of pulv. ipecac, and the sixth of a grain of morphine, to be followed in an hour with ol. ricini one ounce, spt. terebinth. half an ounce, and ordered the bowels to be well rubbed with the common volatile liniment; and prepared an injection of mucilage and turpentine, to be administered as soon as any effect from the medicine taken, was felt in the bowels. We saw him in about ten hours after, the medicine had acted thoroughly, and the colon was completely emptied. He was now ordered to take sufficient of the oil and turpentine daily to keep the bowels gently open, and to have the same injection administered every second or third day. This treatment was continued for a week when the medicine was omitted; the embrocation alone being continued. There was no perceptible alteration in the induration, nor was any expected. In a little more than two weeks we were again sent for in great haste, the messenger stating—"although he says he feels much better, I am of a different opinion, for some gathering has broken in his inside, and he has passed such strange looking matter from his bowels, that all who have seen it are convinced he must die." We found on our arrival that he had passed a considerable quantity of

adipocere—amounting as nearly as we could judge, to some four or five ounces: this was passed out of doors. We directed him to use a vessel; and during a week he came to pass adipocere more or less in every stool—several chips of wood passed, some free, some imbedded in adipocere and bones, in the same connection, which were evidently those of a squirrel. We did not give any medicine, as nature was satisfactorily doing the work. From that time to the present, his health has been good, the induration is still there, but not near as firm or wide, but the contraction evidently does not interfere with the functions of the bowel. He is convinced that the last squirrel he eat was in Ohio, some seven or eight years before the attack, and the last chips that he had chewed and swallowed, were a little over three years before. I will merely add that he is one of our most intelligent citizens, and one whose word is never doubted by those who know him.

We shall be brief in our remarks on turpentine in typhoid-fever—reserving them for our communication to the committee on practical medicine, before the next meeting of the State Society. We will give only two short extracts from Dr. Copland's article on typhoid fever—and he has precedence of Dr. Wood by twelve years, and was, we believe, the first Physician who used turpentine in this form of fever. It perhaps may be well to state that at the time he wrote, the profession in England to a man believed in the identity of typhus and typhoid fever. "If hemorrhage from the bowels occur, it may be ascribed chiefly to exudation from the softened mucous surface, as shown by post-mortem appearances." "I have likewise employed, by the mouth, and in enemata, the spirits of turpentine, which generally proves the most active remedy of any in such circumstances. In some hopeless cases it has succeeded contrary to expectations. If the disease be far advanced or the powers of life much reduced, the turpentine should be given in small or moderate doses, and its effects carefully watched (op. cit. page 1023), published in 1835." "The *Spirits of Turpentine* are frequently productive of benefit, when prescribed in small doses, with aromatics and spices; but a large dose may be attended by very serious consequences, when exhaustion is extreme. It is an excellent medicine in enema, with castor-oil, chloride of sodium or other pur-

gatives when the bowels require to be opened; or with assafoetida, or extract of rue, when there is much tympanitic distension, Substances of a similar kind, or the usual carminatives, have been directed in enemata by THOMAN and HUFELAND, in order to remove this symptom; but the injection just recommended is the most certain in its effects," (op. cit. page 1037.)

*(To be continued.)*

*Valedictory Address to the Graduating Class in Rush Medical College.*

By J. V. Z. BLANEY, A. M., M. D., Professor of Chemistry.

GENTLEMEN OF THE GRADUATING CLASS—

You have, each of you, this evening reached a point in your own history which has doubtless been anticipated with alternating hopes and fears, as a goal to be attained, or as a rubicon to pass.

You are about to bid farewell to your preceptors and your associates, and henceforth dependent upon your own energies, to struggle for a position in a profession, whose ranks are crowded, and which numbers among its members men of age, talent, learning and experience. With few exceptions, you yourselves are wanting in three, at least, of those valuable qualifications, which others possess with whom you have to cope. It is presumed that you are youthful, while many of your professional brethren are aged; talent, indeed, you may have; a thorough knowledge of your profession you cannot be expected in the few years of your novitiate to have attained; and experience but to a limited extent can scarcely be yours. Under such circumstances it is not only customary and proper for us to offer, but you have a right to expect, from those who have been your preceptors during your course of study, in addition to a cordial farewell, some words of encouragement, of caution, and of advice. This duty I have been delegated by my colleagues to perform, and I could wish my ability were equal to my desire, to anticipate the exigencies of your future lives, and send you forth, armed at all points, to struggle and to conquer.

I will endeavor, as far as possible, in the short space within which I must limit my remarks, to present to you the most prominent difficulties which you may expect to encounter in your struggle for excellence in your profession, and the means by which they are to be overcome.

And first, I would remark that you are to *look within yourselves for the first and greatest obstacles which will obstruct your path to future eminence*. Know thyself is wisely held to be the summit of human knowledge. Could every one see as clearly the

enemies he carries within his own bosom, as those which he encounters in the world, more than half the sources of human deficiency would be removed.

"Oh! that the Lord the gift would gie us,  
To see ourselves as others see us,  
It would frae mony a trouble free us,  
An' foolish notion——"

I do not now refer to those more sordid and gross vices which beset all young men, thrown upon the cold charities of the world and their own exertions for their support, but the more subtle, and hence, more dangerous antagonists, indolence, diffidence, despondency, and indifference to the claims of the world and the profession upon their time, their talents, and their exertions.

Every man has more or less to strive against his own native indolence, but no class of men, in commencing the world, have as great temptation to be indolent as professional men, and among them none so great as the medical man.

The merchant and the meehanic find in their active duties something exciting and stimulating. The clergy have their weekly duties which must be performed. The lawyer has his term time and his justice courts to relieve the monotony of his office work. But the young physician has only his dull office and his books. In that dull office he must stay and wait the few calls with which his patience will, after a time, be rewarded. The long and tedious intervals between those few first calls must be spent with only gloomy reflections, and despondent forebodings as companions of his solitude. Days and weeks perhaps roll on, after he has opened his office, before the first call comes. Much depends upon that first call. What hopes and fears, self-confidence and distrust, what satisfaction that he now has the wished for opportunity to test his skill, and dread of assuming the responsibility of human life crowd each other through the mind of the young physician as he goes to pay his first call! He enters the house, takes his place for the first time by the bedside, unaided by his preceptor, and, for the first time, assumes the sole responsibility of a human life. If he be a bold man, his self-possession may carry him through success-



fully; but if he be a timid and a conscientious man, he will be overwhelmed with the responsibility, and perhaps scarcely retain sufficient self-control to examine the case so as to form, in his own mind, any decision upon it. If he were only a lawyer, he could tell his client to call to-morrow, and meanwhile he would have time to examine his authorities, and perhaps consult his preceptor, and prepare a learned opinion, and that would be only a matter of dollars and cents. But alas! here there is no time to wait, he cannot go home to consult his books, for that would be to confess ignorance and abandon the case, and yet a human life is at stake. In this conflict regrets for time misspent in which the knowledge, now required, might have been gained, rises up in judgment against him and almost drives him mad. He hesitatingly prescribes something that he knows, or hopes, will not injure his patient, and hurries home to his dear old books, now prized as mines of gold, which yesterday were miserable old musty volumes not worth his notice. Now, indeed, he studies, if never before, and before he rises from his investigation he has possessed himself of all his small library contains that has any bearing upon the case in hand; and of this severe study the patient has the benefit at the next visit.

But how is it with the bold man, who has braved it through, and self-reliant, and self-possessed, succeeded in concealing from others, perhaps from himself, his own deficiencies? If he is a conscientious man, he also repairs to his office and consults his authorities; but if he is careless with his first case, he is hopelessly lost to himself and his profession. Indolence and overweening self-esteem have him in control and will lure him to his ruin. Young gentlemen, if you do not feel the responsibility of your profession pressing upon you in the earlier part of your professional career, before experience has given you confidence in your judgment and your remedies, you had better leave your profession and try something else.

As I have already said, much depends upon your first case. If your treatment proves successful, and your patient is restored to full and glowing health, the profession will be viewed by you in its most favorable aspect, and everything will wear the color of the

But should you lose your first case, and should you be a man of feeling, it will be long before the pale cheek, the lack-lustre eye, the stiffened limbs, will cease to haunt your sleeping and your waking hours. And what are the reflections which such an experience should excite? They are these:—To what cause is the death of my patient to be attributed? Is it to my indolence and consequent ignorance? This may be redeemed by future study, close application, unremitting diligence. Is it to any error in treatment or mistaken diagnosis? This may be due not to my want of application, but to my want of experience, or to the deficiencies of the science itself. If to either I am scarcely responsible for the result, as I have yet to make my experience; and I am not to blame for the deficiencies of the science up to this time. But if it be the latter, the class of cases to which it belongs requires investigation. I will undertake that investigation and redeem a life by giving to the profession the required means of saving many others. Such a determination carried out with energy and perseverance will relieve your waking hours of the load of a life, and banish the phantom from your dreams.

These should be your reflections and your resolves under the circumstances presented. But too often, disgust for the profession and a loss of confidence in its teachings, and in his own ability to ever attain any excellence in its ranks, is the consequence of an unfortunate occurrence to a sensitive man in the earlier years of his experience.

Do you wish to avoid those sleepless nights, those harassing thoughts which never fail to follow as legitimate consequences of duties unperformed, and of responsibility assumed for which you are unprepared, let me urge upon you to devote the intervals of active duty in the earlier years of your practice, in storing your minds with accurate information from all possible sources within your reach. The leisure you may then command you will never find in after life. When the ceaseless round of professional duties come upon you, you will look back with serious regret to those hours of your early history which were spent in frivolous amusements, listless idleness, or unavailing despondency.

The next point which I would urge upon your notice is, *the importance of keeping up with the constant advance of your profession.* But too often is it the case that the physician, who, during his term of study was a diligent student, and left his Alma-Mater glowing with zeal and professional pride, becomes, after a few years, a mere work-horse, performing day after day his usual routine of professional calls, and, satisfied with the pecuniary returns of his labor, settles down into a condition of perfect apathy, so far as ambition to excel or desire to add to the sum of professional knowledge is concerned. This may and frequently does occur to practitioners in cities and towns of considerable size, though from the constant attrition against other and numerous rival claimants for public confidence, the necessity of keeping pace with the march of medical science is an absolute essential to maintaining even a respectable position. Such however is not the case with physicians in villages or isolated districts. Dividing the business of the neighborhood with one or more professional brethren, and each having his own appointed ride, with none to disturb or arouse him from his professional sleep, he lives on from year to year, firmly believed by his patients to be a model Esculapius, and himself half persuaded to the same opinion, neither dreaming nor caring for any advance the profession may have made, until perhaps some stripling, fresh from the schools and well posted in everything which has been developed while he was enjoying his Rip Van Winkle sleep, suddenly appears as a rival in the field, and spite of all efforts to retain his position, strips him before he is well aware, of the life annuity he had fondly believed to be securely invested in the ignorance of his patients.

The means to be adopted to remedy any possibility of such lamentable deficiency are simple and obvious.

First to take, and diligently peruse one or more of the leading medical periodicals of the age. I would suggest to you to be in regular receipt of that journal, which best informs you of the general progress of the various departments of Medical Science, and also of the one which best represents the local interest of the profession in the region in which you may reside. The former will

serve as a connecting link between you and the profession at large, the latter as a medium of communication between yourself and your professional neighbors. By the one you will be kept informed of every thing new and valuable which may be developed in the general field from time to time ; by the other you will be stimulated by the example of the most energetic and best informed of your compeers to contribute your own share to the medical experience of your district.

You will thus be led to observe carefully all cases occurring in your own practice, and to institute such comparisons that while they develop the resources of your own mind may lead to results important alike to your own reputation and to the interests of humanity.

To attain these desirable results you must, however, subject yourself to a rigid and systematic course of discipline, closely to observe and invariably to record every case under your charge, which may in itself be unusual, or interesting, or which may tend to confirm, or disprove opinions or theories advanced by yourself or others. All matters of general interest to science should be carefully observed and noted, and whenever any series of observations shall have been completed, and the bearing of all the facts well-compared and digested, it becomes your imperative duty to give to the world through the medium of a respectable periodical the results of your observations, experience and deductions.

By such a course of discipline the capabilities of your mind will be enlarged, your perceptions quickened, your interest in the profession kept alive, and you will be cheered and stimulated by the pleasing consciousness, that your sphere of usefulness and influence is extended beyond the narrow precincts of the social circle in which you reside.

Should you aim at more than mediocrity in the profession, let me recommend to you to *select as early as possible some one department of Medical Science*, to which your tastes or your locality may direct you, and *devote yourself to its study and advancement*. The science of medicine covers such an immense field that the duration one life is too short, and the opportunities of

one man too limited, to appropriate all the knowledge which the labors of scientific men for centuries have accumulated. And, indeed, supposing any one man to have made his own, all the medical science of past ages, the advance of his own age is too much for his powers of application, especially when tramelled by the attention he is obliged to bestow upon the active duties of professional life.

The most then that any individual can expect, is to be able to become profoundly learned in some one department, and while making his professional reading sufficiently general to appreciate the advance in all, to be fully posted up, and have perfectly at his command the facts and details of one. Superficiality is the bane of science, and though it is asserted by some that he knows most who knows something of the greatest number of things, it is nevertheless also true that all great discoveries, and all eras in science have resulted from the concentration of the powers of scientific men to one single purpose and profound devotion to one single department of science. More particular attention to one department of science, does not however imply ignorance or inattention to others, but rather forces one, from mutual connections and in search of facts, to attain a certain amount of proficiency in others related to it. This special attention to one branch, moreover, has the effect to systematize ones study, gives it an aim and object, and forms habits of reflection and analysis. A man who reads superficially on many subjects to acquire other men's ideas, may become a walking cyclopedia of learning, but is not apt to become an original thinker. But let him severely confine himself to the perfect comprehension and rigid analysis of any one subject, and he soon ceases to take other men's dicta as truths, and begins to think for himself. He has then made one step toward that independence of thought, which properly directed may lead to the conception of new and great ideas. I would not for a moment undervalue general erudition, a man of studious habits employs his hours of relaxation from real absorbing study, in storing up general information, which will aid in his one great purpose. But it does not as has been asserted tend to contract one's intellect, to devote oneself to one great

and special object. It may perhaps so appear to those who cannot appreciate one's aims or objects, just as it may be possible that a man whose fame is world-wide may be a person of but little consideration in his own village circle.

It is perfectly practicable for a practising physician, if he is well grounded in the rudiments and general literature of the profession in early life, to keep himself well informed in regard to new discoveries in all departments of the profession and still pursue more profoundly one particular branch. The early selection of a favourite branch has other advantages. It guides one in the formation of his library, which in isolated districts is important from the difficulty of access to work of reference. It throws him into correspondence with members of the profession devoted to the same subject and he reaps the advantage of their advice, their criticisms on his own views, and the stimulus of their sympathy. In proof of the importance of the course I am recommending, look at the names of those most eminent in the profession for originality of research, at home and abroad, and you will find them all men specially devoted to one subject, it may be physiology, pathology, surgery, minute anatomy, or some other. Such are the men who make the progress of medical science, while the men of general reading without specific object assume the lower station of compilers, book makers, and journalists.

Again I say that I would not depreciate the value of general reading. If any man *should* be particularly well read in all departments of natural and mental science, that man is the physician. He has to deal, in his professional studies and duties, not only with the phenomena of matter, but of mind also. The influence of the mind in producing and modifying disease, in favoring or impeding the action of remedies, is so great, that the knowledge or ignorance of mental science, and of human passions and feelings will often make a wide difference in the success of practice of two physicians, in other respects, equally qualified. A thoroughly educated physician should then be a man of universal attainments. These attainments are to be considered a part of his primary education, and if not early acquired will be felt to be a deficiency until supplied. If however the groundwork

be laid in early life, the full development will constantly progress, by an amount of study in after-life, which will not be viewed as laborious, but as giving variety, and hence relaxation, to the pursuit of more special subjects.

Another suggestion I would make—to loose no opportunity of enjoying the intercourse of your professional brethren; especially when convened for mutual improvement in County, State, or National Societies. Such meetings are not alone useful in deciding matters of professional etiquette, and promoting the welfare of the profession at large, but mainly, as I conceive, in stimulating individuals to increased effort, by contact with others equally or better informed than themselves, and exciting professional zeal, and the love of science *for itself*, and disconnected from pecuniary interests. In conventions of this kind, every man soon finds his own level. Those less informed finding themselves behind others, are stimulated to supply their deficiencies, and indeed may learn, for the first time, what their deficiencies are. This knowledge is often difficult to attain except by comparison with others, but when attained is the first step toward reformation.

Those meetings also recall to each individual matters in his own experience, which may have little prominence in his own mind for want of their proper bearings or relations. The remarks of another will occasionally throw new light upon facts of his own observation, and supply the connecting links which may lead to important deductions. Add to this the pleasures of professional intercourse, and the enlargement of one's circle of professional acquaintances, and the importance of this suggestion will be perceived.

*Fix your standard of professional excellence high, and aim to attain station equal to the highest.* Many men of excellent capacity have attained but mediocrity by fixing their standard of acquirement too low; many by an unfortunate location, which has brought them into contact with men, their inferiors in capacity, and of but medium acquirements, have satisfied themselves with distancing with ease their inferior competitors, and satisfied with their local reputation, have ceased from future exertion, and thus the world has lost the higher results it was within their power to



have achieved. Let it not be so with you! Do not cramp your aspirations for high attainment by comparison with those around you merely, but compare yourselves with those who have done the most and the best for the profession, and cease not to labor till they acknowledge you as their compeer! You may, indeed, fail in your highest aim, but you will at least win higher than if your aspirations were lower. Be not daunted with difficulties! Despondency and the dread of failure belong to weak minds. "In youth's vocabulary there is no such word as *fail*." But at the same time be not presumptuous! The disposition to overvalue one's self, is not the result of high aspirations or of comparison with one's superiors. If at any time you begin to feel superior to your professional associates, stop and ask yourself if you have no superiors, and then, in the consciousness of your own inferiority to others, be incited to nobler thoughts and feelings.

I have thus endeavored, gentlemen, to lay before you in a brief outline some of the principles which should guide you in pursuance of the duties devolving upon you by the assumption of the responsibilities of the medical profession. I might have extended my remarks much further and been more specific, but my parting words to you have been only intended to be suggestive of the demands of the profession and the world upon your talents and exertions, rather than of the special duties of individual practice. Of this duty one of my colleagues has relieved me by an address to you some days since, in which the relations of physicians to their brethren and their patients have been explicitly laid before you, and the moral obligations of your position in community defined.

It only remains for me on behalf of my colleagues and myself to bid you an affectionate farewell, and remind you that in closing our relations as preceptors and pupils, our interest in you, and your responsibility to us does not cease. You leave us to enter upon the duties of a profession which, next to Deity, holds the keys of life and death. It is for you to show, by your future success or failure in its arduous practice, whether or not we have performed our part towards you, and you have profited by our in-

structions. If we have failed in our duty to you, the responsibility of your acts rests with us ; but if you are conscious of not having improved, to the fullest extent, the opportunities we have afforded you of a sound medical education, the moral load lie upon your own shoulders, and will only be relieved by persevering endeavors to redeem the time lost by your own neglect.

Nor is this all. You, each of you, go forth certified by us as prepared for the practice of the medical profession, and for the use made of that certificate, we must hold you responsible. Are you conscious of deficiencies, which you have succeeded in concealing, from us ? we demand that you repair them to the utmost of your abilities and opportunities, that we, your instructors, and the Institution which acknowledges you, may not be charged with committing a fraud upon the public, or stand sponsors for the health and lives of patients, lost through your neglect. But while conjuring you thus, gentlemen, we confidently hope better things of each and all of you. For the past ten years the Institution which endorses you has depended for its reputation on the success of its graduates, and thus far, classes increasing in numbers and intelligence have, by seeking our halls for instruction, borne witness annually of the confidence of the public. With you, gentlemen, it remains, in a measure, to show whether or not this confidence shall be diminished or strengthened, and we hopefully trust that you will not disappoint our expectations. Remember, too, that you have a life-right in the course of instruction in your Alma Mater, and as the facilities of communication increase, and our means of teaching improve, by the constant additions we propose to make to our library, cabinets and museum, and continued endeavors to equal the best schools of our country, we expect you to embrace the opportunity afforded you, by occasional return, to reap the benefits of all improvements we may make. And when we, gentlemen, who have been your ushers to the threshold of medical science, shall have finished our work, may there be found among you those who will be ready prepared to fill our vacant places, and do more and better for the science and humanity than we have done.

Once more farewell, and God speed you in your work !

## EDITORIAL.

*A Treatise on General Pathology*; by Dr. J. Henle, Professor of Anatomy and Physiology in Heidelberg. Translated from the German by Henry C. Preston, A. M., M. D. Philadelphia: Lindsay and Blackiston, 1853.

*Principles of Medicine*: comprising General Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semiology, Diagnosis, Prognosis and Hygienics; by Charles J. B. Williams, M. D., F. R. S., &c., &c. Edited, with additions, by Meredith Clymer, M. D., &c., &c. Fourth American edition. Philadelphia: Lee and Blanchard, 1853.

THE two works, the titles of which are given above, may be taken as able and extremely valuable exponents of two essentially different classes of investigators.

The first is the production of an eminent German scholar, and is an interesting representation of the *theoretical* or transcendental tendencies of medical philosophy.

The latter is the production of an equally accomplished English scholar and physician, and represents, with equal truth, the "matter of fact," empirical and inductive tendencies of modern pathology. The first, in his introduction, says: "Two systems contend for the superiority, which we must compare more carefully than has ever been done, and which we must separate more rigidly than has ever been possible in practice, in order to know the value of each, and to establish peace between the champions of both sides." These two systems he describes as follows, viz.: "One system, by consciously abandoning all investigation into the *first cause* and the internal connection of symptoms, describes the form of disease according to the external phenomena: its descriptions furnish only substitutes for sensible impressions: its names are not definitions, but only *nomina propria*, and are so much the more welcome the less a definite idea attaches to them: and should it need a word, for example, inflammation, it designates thereby

nothing but the association of "redness, heat, tumefaction and pain."

"The *second* system, which has been called the Theoretical, Physiological, or Rational, endeavors to take up the symptoms in their dependence on each other, and in their connexion with internal changes, and considers these changes as the consequences of external influences upon the organic matter which is endowed with its own inherent vital powers. The causes which it thinks it has discovered as the occasion of the symptoms, this system substitutes for the symptoms where it describes diseases; it loves to note the exact direction which the operation of morbid changes takes, and exchanges, for instance, the name, 'inflammation,' for such names as 'increased plasticity,' 'hyperæmia,' 'stasis' and others. Again, theoretical medicine searches after the absolute nature and power of the remedy, and after the so-called physiological effect, that is, the mode and manner by which the substance and vital power of the organism is altered." After comparing these two systems, which he styles Empyrial and Rational, at considerable length, he concludes with the following just remarks :

"We conclude—that as pure empiricism is not sufficient for all cases, and only in a very few can be our sole therapeutic guide : as we cannot help proceeding, in particular cases, according to particular reflections, which can only arise from our views of the importance of the symptoms and the nature of the remedy : so it is our duty to search as deeply as possible into the nature and internal connection of the phenomena in which we shall interfere.

I think I have demonstrated in the foregoing why there is a rigid separation of the empirical and the rational systems, which, as I remarked in the beginning, cannot be carried out in reality. The rude characteristics of both which we have sketched, suffices to show in how intimate and indissoluble a connection they stand, and we demand only what both parties tacitly, and even contrary to their expressed assurance, have already accomplished, when we expect every one to be at the same time empiric and theorist. Therefore, should not only the mutual deficiencies of empirical

and theoretical medicine be supplied, but both should be reciprocally promoted where they can be simultaneously applied."

After thus defining the empirical and rational systems and their relations to each other, Dr. Henle proceeds in his introduction to give a brief and interesting, though very imperfect, history of medical systems from the earliest ages to the present time. The body of the work, which is intended to be a complete treatise on *General Pathology*, is embraced in four chapters, with the following titles, viz :

"1st. The Inquiry into the Idea and Nature of Disease.

"2nd. The Doctrine of the Causes of Disease in General, or General Etiology.

"3d. The Local Relations of Disease; the Conditions of its Propagation in the Organism; the Manner of its Transition from one Organ to another.

"4th. The Relations of Disease in regard to Time, or the General History of Disease, its course, Duration and Termination."

The third chapter occupies a large part of the book, and chiefly relates to the local relations of disease and the mode of its propagation from one organ or tissue to another, until it involves, more or less, the whole system. Dr. Henle evidently regards the nervous system as the principal medium through which the organs are placed in relation with each other, both in health and disease. Hence, a discussion of the healthy and morbid, or "normal and abnormal," *sympathies*, through the various divisions of the nervous system, constitutes by far the most prominent part of the work. Only three or four pages are devoted to what the author styles "normal or healthy sympathies through the medium of the blood." And less than half of that space to the "abnormal sympathies" through the same medium. We have looked through this work in vain to find a clear analysis of those complex morbid phenomena that constitute the great leading classes of disease, or that concise statement of facts in relation to the changes which take place in the solids and fluids of the system, that the reputation of the author had led us to expect. On the contrary, much

of the book is written in vague and indefinite language, requiring repeated reading to get fully the meaning of the author. This may be, in part, the fault of the translator. Still, the work of Dr. Henle may be read with interest and profit, both by the student and the practitioner.

The "Principles of Medicine," by Dr. Williams, is too well known to require any extended analysis at this time. In its general avoidance of mere speculation, its careful collection of facts, and its detailed account of the changes in the composition and movements of the blood, it contrasts strongly with the work of Dr. Henle. The work of Dr. Williams embraces a pretty full consideration of Etiology, Pathology Proper, Semeiology, Diagnosis, Prognosis and a brief view of Hygienics. Under the second head, the author enters upon the inquiry into the nature of diseases, by first considering the elements that enter into their composition; thereby adopting the only philosophical mode of investigating complex morbid phenomena. And we have no hesitation in recommending the "Principles of Medicine" as the best text-book on General Pathology that we possess. Still it is defective in several important particulars. For instance, in speaking of the primary elements of disease, the author makes no distinction between those *elementary properties* which are common to all living matter, and those primary *functions* which belong to particular elementary structures. Indeed, he seems not to have recognized the existence of the former in any way as properties distinct from the primary functions. This omission almost necessarily led to one or two others of still greater importance. Hence, in considering the *elements* of that complex morbid process which we call inflammation, he enumerates only the changes in the movements and composition of the blood, without any reference to the coincident changes in the properties of the solids. His pathology of inflammation is consequently too exclusively humoral; not because he has invested the changes in the movements and composition of the blood with undue importance, but from the omission to place along with them the equally essential and primary changes in the pro-

perties of the tissue which constitutes the seat of disease. The same failure to recognize and clearly define the elementary properties of living matter, led to the entire omission of any attempt to analyze the phenomena of idiopathic fevers, or to explain their pathology in any manner. This constitutes the *great* defect of the work; and one that will be felt and regretted by every careful reader. The analytical method adopted by Dr. Williams is the only successful method of cultivating pathology, whether general or special; and notwithstanding the defects which we have pointed out, we again commend his work to the patronage of the profession. The additions made by the editor, Dr. Clymer, are judicious and valuable.

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*Clinical Report on Chronic Pleurisy, Based on the Analysis of 47 Cases*; by Austin Flint, M. D., Prof. of Principles and Practice of Medicine in the University of Buffalo, N. Y., and in the University of Louisville, Ky.

*Clinical Report on Dysentery, Based on Analysis of 49 Cases; with Remarks on the Causation, Pathology and Management of the Disease*; by Austin Flint, M. D., Prof. &c., &c. Buffalo: printed by Jewett, Thomas, & Co, 1853.

The first-named of the above Reports is a monograph of 58 pages. The cases which constitute the basis of the work, are thus described by the author:

"A considerable proportion of the patients were either seen in consultation, or applied simply for a physical examination of the chest. Under these circumstances, a general sketch of the previous history only was noted, and in several instances the farther progress and issue were not procured. The cases, moreover, came under my notice at different stages of the history, and the notes of some were made after recovery from the disease. The data which I have collected are, thus, manifestly inadequate for the positive and negative results of a complete numerical analysis. To this character the present report can have no claim. My only expectation is to present a small contribution towards the cultivation of a field of clinical study of great practical interest, which, from the



difficulty of aggregating facts, or other causes, has hitherto been neglected. The number of cases, of which I have preserved notes, is *forty-seven*. These have occurred, some in hospital and others in private practice, for the most part during the last eighteen years. A few are of an older date. For convenience of consideration and reference, they admit of being distributed into several groups. One of these groups will embrace the cases which came under observation while the disease was progressing either favorably or unfavorably. Another group will include cases in which the diagnosis and history were retrospective, that is to say the facts were obtained at a period more or less distant from the occurrence of the disease, being restricted in a great measure to its consequences or sequelæ. Another will embrace cases of circumscribed, as distinguished from general pleurisy. Another will embrace cases of pleurisy from perforation, constituting the affection known by the incorrect title of pneumo-hydro-thorax. I shall speak of these several groups, excepting the first, under distinct heads, but with reference to some points of inquiry it will be proper to examine the cases collectively, disregarding the foregoing divisions."

From this, and still more from a perusal of the subsequent pages of the work, it will be seen that only a part of the cases included in the forty-seven were actually kept under observation, and the phenomena recorded in such a manner, as to make them valuable for analysis.

One of the greatest defects in the present habits of medical practitioners is the neglect to record from day to day full notes of the more important cases of disease occurring under their observation.—Our literature is filled with mere statements from memory—loose generalizations—many of which would be essentially modified by a comparison with an extensive and detailed record of cases, made *while the cases were present* under the eye of the observer. I know it is alleged that the active practitioner has no time to make such a record. And in many instances the allegation is true if an attempt is made to record, at the same time, all the cases of every kind of disease that the physician meets with. But I believe every physician, however large may be his practice, *can, if he will,* keep a detailed and reliable record of all the cases of any one di-

sease that he may meet with. And if this were done in relation to one disease for *one* year, and another the next, and so on, he would not fail to accumulate in a few years a most valuable collection of facts for comparison and deduction. In respect to fullness in the recorded history of cases, I confess to have been disappointed in the monograph of Dr. Flint. Neither do I find in looking over its pages somewhat carefully, any important additions to our previous knowledge of the pathology and treatment of chronic pleurisy. Still the essay is well written and valuable; and should be found in every physician's library.—The truth of the following paragraph in reference to diagnosis should excite in the minds of the profession more careful attention to this subject:—

The number of cases in which errors of diagnosis are noted to have occurred, is eighteen. Of these eighteen cases, in four the disease had been treated as latent intermittent fever. This error was based, in two instances, on the fact that chills were pretty prominent, and in the other cases on the fact that the patients had been exposed to miasmata. In four cases the disease was supposed to be phthisis. In two cases the patients were thought to be laboring under continued fever, and in one case the disease was developed in the course of fever and overlooked. In the remaining seven cases, the supposed affection was in each case different. The following is a list of the diagnostic views that had been entertained: Disease of the heart, abscess between the pleura and walls of chest, bilious fever, hepatization of lung, liver complaint, general debility, and some pulmonary affection the nature of which was confessedly not known.

The diagnosis of Chronic Pleurisy, with the aid of physical exploration, is as simple and sure, as it is difficult and doubtful when the sole dependence is on the symptoms. Flatness on percussion extending from the bottom of the chest, upward, over the whole, or a considerable portion of one side, anteriorly, posteriorly, and laterally, and absence of respiratory sound, would alone lead to a correct diagnosis, with some very rare exceptions. A tumor filling the chest on one side, in part, or entirely, constitutes almost the only morbid condition in which the above combination of signs is presented, exclusive of liquid effusion. Solidified lung rarely, if ever, occasions the same absolute loss of sonority, in the same situation, and to the same extent, coupled with absence of all respiratory sound; and, on the other hand, the presence of a bronchial respiration in cases of large liquid effusion is an anomaly of which but a few instances are on record. But aside from the above combination, if the liquid effusion be large, as it generally is in Chro-

nic Pleurisy. we have the enlargement of the chest on the affected side, its comparative immobility, the widening and elevation of the intercostal spaces, the displacement of the heart if the affection be seated in the left side, the contraction of the affected side after the liquid effusion has been removed wholly, or in part, by absorption, the change of level of the fluid if the quantity be moderate and the pleural surfaces free, a friction sound in some cases, the absence of the vocal fremitus frequently appreciable on the sound side, and occasionally the oegophonous modification of bronchophony. With the assistance of more or less of these collateral signs, the discrimination is easy and certain. Reference is now made to Chronic *general* Pleurisy. Circumscribed pleurisy may involve difficulties in the way of diagnosis to which it will be more appropriate to refer in another connection. To treat of the diagnosis at any length, does not fall within the scope of this Report. After indulging, however, in the few foregoing remarks, I may briefly allude to one or two points of practical interest which are incidentally connected with the subject.

The second paper whose title has been given above contains 90 pages, and consists of two parts.

The first part contains a statistical or rather numerical analysis of 49 cases of dysentery, occurring in the city of Buffalo, N. Y., during a series of years reaching from 1838 to 1853. The second part is in the form of a Supplement, and contains a brief account of the Morbid Anatomy of Dysentery as given by Rokitsanski, with remarks on the causation, pathology, and management of the disease.—The following quotation will give the reader a correct idea of the materials and arrangement of the first division :—

Among the notes that I have collected of diseases occurring in private and hospital practice, are embraced histories, more or less complete, of sixty cases of dysentery. On examination of these cases with a view to analysis, eleven were rejected in consequence of the patients having come under observation quite late in the progress of the disease, and the records being very imperfect. In two of these rejected cases the issue was fatal ; in the others, either recovery took place, or the disease continued when the patient passed from under my observation. The residue of cases, after this elimination, amounted to forty-nine. These cases I have subjected to analysis. Taking up the several histories in succession, every thing noted in each history relating to the objects of inquiry contained in a series of sections, has been selected and arranged, each in the particular section to which it appropriately belongs. The sections are as follows :

1. Name. Age. Sex. Occupation. Season and year. Previous health and Constitution. Duration of disease before coming under observation.
2. Circumstances attending the access of the disease.
3. Symptoms referable to the Digestive System.
4. Symptoms referable to the Circulatory System.
5. Symptoms referable to the Nervous System.
6. Symptoms referable to the Skin.
7. Symptoms referable to the Respiratory System.
8. Duration of disease to death or convalescence. Mode of dying. Relapses. Fatality.
9. Supposed causative agencies.
10. Subsequent health. Recurrence of the disease.
11. Treatment, and immediate (apparent) effect of remedies.

It would appear from the analysis of Dr. Flint that age, and season of the year, both exerted a decided influence over the prevalence of dysentery. Thus of the 44 cases in which the age was noted, 30 occurred between the ages of 19 and 33 years. And of the same number of cases, "six occurred in July, *seventeen* in August, *nineteen* in September, and five in October, making the whole number save one," which occurred in March.—Of the whole number of cases in the collection, 26 occurred during the summer of 1849, when epidemic cholera prevailed severely in that city. The dysentery was most prevalent as the cholera epidemic subsided.—In the summer of 1852 the cholera was again prevalent in Buffalo, but it was not accompanied or followed by dysentery as in 1849.

Of the 14 cases recorded by Dr. Flint previous to 1849, all of which were sporadic cases, *none* died. Of the 26 cases recorded during the summer of 1849, *four* died. These facts show in a clear light not merely the influence of the season of the year in determining the number of cases, but also the influence of epidemic agencies in determining their *fatality*. In the treatment of dysentery the writer seems to have limited himself chiefly to the use of calomel and opiates, with occasional astringents and laxatives. He divides the whole number of cases, (49,) into two groups. The one consisting of 23 cases, were all treated with calomel, or calomel and opiates internally, aided in some instances with opiate enemas. Of these 5 terminated fatally.

The other group, consisting of 26 cases, were all treated with

opiates aided by anodyne and astringent enemas, without any calomel or mercurials in any form. Of these, 6 died. The average duration of the treatment in both groups, was very nearly the same. The practical inference to be drawn from these numerical statements of the author, is, that *calomel* is simply *useless* in the treatment of dysentery; an inference which goes far to prove the fallacy of the mode of comparison, and indeed the faultiness of all merely numerical results when applied as rules of practice. If all diseases were caused by specific agents, and all remedies acted simply as antidotes, it would be easy to determine by numerical results the relative value of each article. But while dysentery, like most of the acute diseases, arises from a variety of causes and presents essentially different symptoms in successive seasons, and at different stages of its own progress, it will require for its successful treatment such a variety of means as will serve to fulfil accurately the indications presented by each individual case, and at each stage of its process. An attempt to determine the value of a remedy in the treatment of an acute disease by giving it in twenty or thirty cases successively, and continuing it in all stages of the disease, is just as absurd as it would be to put the same sized clothes on twenty successive babies and then attempt to make the same fit all the way up to adult life. I do not wish the reader to infer that Dr. Flint has pursued any such indiscriminate practice; and yet the two following cases come not far short of it:—

No. 3. On the evening of the day on which dysenteric discharges appeared, 4 grs. of calomel were prescribed, and the remedy continued in doses of grs. ii. every two hours, until 12 grains had been taken. The so-called bilious stools not being produced, another dose of grs. iv. was given. Copious green evacuations followed. To these succeeded profuse sero-sanguinolent discharges, and great prostration. The disease ended fatally on the third day after this treatment was pursued.

No. 4 At the commencement of the disease, calomel was given in doses of grs. ii. every four hours, with enemas of a solution of the sulphate of morphia and kreosote. Continued only for one day, and the sulphate of morphia substituted. On the seventh day, (symptoms becoming worse,) calomel again prescribed in doses of grs. i. ss., every four hours. On the eight and ninth days, improvement. On the tenth day (calomel continued) the discharges be-

came sero-sanguinolent, the pulse rose rapidly in frequency, and the case ended fatally on the eleventh day.

Here is one case with no mention of anything but calomel from the beginning to the end, and yet from its rapid progress and the character of the discharges it was probably one of a highly congestive or *choleraic* character; and another in which calomel is given three or four days in succession in the advanced stage of the disease, ending only with the termination of the case on the eleventh day.—That such cases afford no evidence whatever in regard to the value of calomel in certain forms and stages of dysentery, every reflecting reader will perceive. Every experienced practitioner knows that dysentery varies exceedingly in phenomena, both local and general; and consequently that the indications for treatment are equally variable. This is fully illustrated by Dr. Flint's cases. Thus of 14 *sporadic* cases recorded by him between 1838 and 1849, none proved fatal. But of 37 epidemic cases recorded during the years 1849–50–51 & 52, *ten* terminated fatally. Now, to include all these cases in one category, give the same remedy in all, and then endeavor to estimate the value of the remedy by the numerical results, is to include as identical, things essentially diverse, and none other than fallacious results could be expected. What is called the "*numerical method*" of investigation may be applied to certain branches of medical inquiry; and when restricted to such branches it is of great value. But from the very nature of acute diseases—their variableness in different seasons, and the variable circumstances and conditions of the vital forces at different stages in the progress of the same case—this method cannot be applied to special *therapeutic* investigations. That there are certain cases of dysentery in which calomel, given in a proper manner in the early stage, is a very valuable auxiliary remedy, very few will doubt. That there are other cases in which it would positively do harm, I am quite certain. That it is generally useless if not positively injurious in the advanced stage of the disease, is equally true. The true and only method of investigation, then, is not to group all cases together and deduce numerical inferences, but to compare carefully the phenomena of each case, and at each stage of its progress, for the purpose of ascertaining the actual



differences or variations, and the exact application of particular remedies in accordance with such changes. These criticisms are aimed not merely at the work of Dr. Flint, but at the method of investigation which he has adopted, and which many seem disposed to apply in a manner not calculated to lead to any beneficial results. After having extended these comments much farther than I intended, I will only add, that the little monograph before me, entitled "Flint's Clinical Report on Dysentery," is a valuable addition to our medical literature, and is worthy of a place in every physician's library. And moreover, I hope the industrious author will live to make many more such. N. S. D.

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*The American Medical Monthly.*

THIS is a new Journal of 80 pages, published under the auspices of the Faculty of the New York Medical College. Dr. Edward H. Parker, formerly of the N. H. Med. Journal, is the editor. Dr. P. is a fine writer, and well qualified for the position which he occupies.

We are not sufficiently acquainted with the wants of the Profession in N. York city to judge whether the new candidate for popular favor has been born prematurely, or whether it has been called into existence by the exigencies of the Profession. One thing is certain, the Faculty of the N. York Medical College believe that their own interest demand it, and that, of course, is a sufficient reason why it should be published. We do not object to any body's name, but we cannot avoid the thought that "*The New York Medical Monthly*" would be more appropriate. From the seven Professors whose names appear on the title page, all interested in one of the medical schools of the city of New York, we should hardly expect a national journal. This conviction is forced upon us, notwithstanding the claims put forth in their salutatory, that, "In our enterprise we know no East, no West, no North, no South. We seek to render the Journal subservient to the interest and elevation of the Profession throughout America."

The numbers of this work received are creditable to the editors and publishers. J.



*National Medical Association.*

WE hope our readers and the profession generally throughout the whole North-West, will remember that the next annual meeting of the American Medical Association will be held at St. Louis, commencing on the first *Tuesday* in *May*.

The time is near at hand. Delegates should be appointed by every regularly organized State, County and City Society. Each is entitled to one delegate for every *ten* of its members. Let such be selected as will be certain to attend. All the meetings of the Association heretofore have been highly interesting. Whether this one shall be equal in numbers and interest to any that have preceded it, depends much on the Profession in the West. Let every member of the Profession, then, feel a personal interest and pride in this matter.

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*Rush Medical College.*

THE annual session of this Institution for 1853-4, closed on Wednesday the 22nd of February. The term was a very pleasant and successful one. The public commencement was attended by a large audience, and the Valedictory Address, by Professor Blaney, was listened to with great pleasure. The latter will be found in the columns of the present number, and will be read with interest by the Profession. After the public exercises closed, the graduates, the members of the class remaining in the city, and invited guests, repaired to the Sherman House and sat down to an elegant supper, provided for the occasion. After doing justice to the delicacies provided for the physical man, a most animated and pleasant intellectual feast followed. A series of appropriate sentiments and happy responses were kept up until a late hour; thereby adding another to the many proofs that no artificial *stimuli* are necessary to beget or maintain the highest degree of social enjoyment and intellectual repartee. The following are the names of the Graduating Class for the session of 1853-4, with the title of their theses:—

J. M. Edwards,

C. W. Davis,

J. T. Mayfield,

Rubiola.

Tires or Milk-Sickness.

Cholera Morbus.

|                  |   |
|------------------|---|
| H. C. Morey,     | Effects of the Mind upon the Physical System.   |
| W. A. Hillis,    | Inflammation.                                   |
| E. Hopkins,      | Medical Diploma.                                |
| R. S. Hallock,   | Dysentery.                                      |
| I. N. Davis,     | Venesection.                                    |
| J. W. Collver,   | Acute Peritonitis.                              |
| M. W. Robbins,   | Inflammation.                                   |
| R. L. Hale,      | Phthisis Pulmonalis.                            |
| T. P. Seller,    | Nature and Distribution of the Food of Animals. |
| J. B. Morrison,  | Etiology.                                       |
| C. C. Cornett,   | Inflammation.                                   |
| S. P. Root,      | A Page in Chemistry.                            |
| David Whitmire,  | Mercury.  |
| H. W. Man,       | Digestion.                                      |
| A. W. King,      | Etiology.                                       |
| J. F. Hamilton,  | Acute Hepatitis.                                |
| G. W. Slack,     | On Opium.                                       |
| T. D. Fitch,     | Hypertrophy.                                    |
| R. M. McArthur,  | Origin and Progress of Medical Science          |
| J. W. Lynch,     | Phthisis Pulmonalis.                            |
| E. P. Wood,      | Fever, its Pathology and Classification.        |
| W. Manson,       | Miasmatic Fever.                                |
| W. M. Avery,     | Semiology.                                      |
| M. W. Fish,      | The Study of Medicine, its Tendency.            |
| J. N. B. Elliot, | Pneumonia.                                      |
| Wm. B. Swisher,  | Physiology of Generation.                       |
| Wm. Watson,      | Quinia.   |
| Reuben Sears,    | Scarlatina.                                     |
| S. P. Yeomans,   | Contagion.                                      |
| C. D. Watson,    | Albumenuria or Bright's Disease.                |
| A. Boomer,       | Typhoid Fever.                                  |
| J. N. Niglas,    | Dissertation on Dropsy.                         |
| W. Brenton,      | Dysentery.                                      |
| H. Fisk,         | Scarlatina.                                     |

[We cheerfully give place to the following letter handed to us by Prof. Davis.]—EDS.

BUENA VISTA, Stephenson Co., Ill.

Feb. 27th, 1854.

PROF. DAVIS,—Dear Sir: While visiting your place, I wished to state a case to you that occurred in my practice, but your time being precious at that time, I did not wish to intrude upon it. I have therefore taken the liberty of communicating it to you from my case book. It was to me rather a singular case. I have mentioned it to several of my medical brethren, none of whom having met with anything of the kind. Should you consider it of sufficient importance, you may please hand it to the editor of the "Journal." I was called to see Mrs. M—— in labor with her third child, August 25th, 1853, at 1 A. M. When I arrived I found her in a severe pain. I immediately made an examination, and found the head rising under the pubes. The next pain brought a very small male child. In making manipulation over the abdomen, I found it remained as large as before the expulsion of the child. In about fifteen minutes slight pains came on; I introduced my finger into the vagina, found the placenta there, (which was also very small). I removed that, and searched for the os, which was high up and contracted. In a very short time the pains came on again, *regular* and *strong*; with intervals of about ten minutes between each. The abdomen remaining so large, and the pains so regular, I pronounced it a "twin case." There being no untoward symptoms to demand haste, I thought I would leave nature to take its course. Thus I waited two hours and a half; there being no alteration in the size or position of the os, I began to think something else must be done in the case—the pains all the while keeping regular, but of shorter duration.

I placed her in the position for introducing the hand; after anointing my hand, I introduced it into the vagina. It was with considerable difficulty I introduced the two first fingers through the os, when there was an explosion, long and loud, so loud that it might have been heard in any part of the house, and to my surprise and mortification, I found my second child ended in *gas*. The abdomen instantly became relaxed, the uterus contracted

down, and remained contracted. No hæmorrhage or after pains followed, and the woman made a rapid recovery.

Very respectfully yours, &c.,

CHAS. G. STROHECKER.

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For the N. W. Med. & Surg. Journal.

*La Salle County Medical Society.*

A regular meeting of this Society was held at Ottawa, on the 1st inst.

At that time Drs. J. Hard and J. Higgins were appointed delegates to the American Medical Association; Drs. J. Stout and T. Hay, substitutes; and Drs. J. O. Harris and T. Hay delegates to the State Medical Society.

Drs. A. Hard and R. McArthur having presented their credentials, were admitted as members of the Society, and Drs. W. A. Sanger, L. Eastman, — Wooley and H. H. Hinman, were admitted as honorary members. A vote was passed authorising the admission of Dr. A. H. Howland, whenever he should present himself with the proper credentials.

Dr. A. Hard read an interesting paper on Diagnosis, and D. L. Kirwin exhibited his improved fracture box, and explained his manner of using the same.

Dr. Harris introduced the following resolution, viz.: Resolved that the members of this society counsel only with each other, or with physicians of good standing in the profession who have not had an opportunity of becoming members. After some discussion the resolution was laid on the table until the next meeting.

The utmost harmony and good feeling prevailed, and the meeting passed off very pleasantly indeed to all who were present.

Various matters of professional interest were talked of and discussed, after which the Society adjourned to meet at Peru, on the first Monday in June next.

J. O. HARRIS, Secy.

OTTAWA, March 3, 1854.

*Statistical Report of the Mercy Hospital for the year 1853.*

THE whole number of patients admitted into the Mercy Hospital in Chicago, from Jan. 1st., 1853, to Dec. 31st of the same year, was . . . . . 447

Males, . . . . . 361

Females, . . . . . 86=447

Number whose expenses were paid chiefly by the County, . . . . . 109

Number whose expenses were paid by themselves or friends, . . . . . 314

Number received without pay, . . . . . 24=447

Of the whole number, 300 were admitted into the medical wards, of whom 35 died. Of the remaining 147 surgical cases, 18 died. The total number of deaths during the year was 53; of which 26 took place within 24 hours after admission, and were either from severe injuries or disease in its last stage of progress.

The following is a list of the more important diseases, viz:

|                              |           |           |              |
|------------------------------|-----------|-----------|--------------|
| Phthisis Pulmonalis,         | 13 cases, | 7 deaths, | 6 Improved.  |
| Pneumonia,                   | 14 "      | 5 "       | 9 Recovered. |
| Other Diseases of Lungs,     | 7 "       | 1 "       | 6 "          |
| Dysentery,                   | 27 "      | 7 "       | 20 "         |
| Diarrhœa and Cholera Morbus, | 20 "      | 2 "       | 18 "         |
| Intermittent and Remittent   |           |           |              |
| Fevers,                      | 46 "      | 1 "       | 45 "         |
| Typhoid Fever,               | 59 "      | 4 "       | 55 "         |
| Typhus Fever,                | 4 "       | 2 "       | 2 "          |
| Delirium Tremens,            | 8 "       | 1 "       | 7 "          |
| Rheumatism,                  | 8 "       | 0 "       | 8 "          |
| Inflammation of Heart,       | 3 "       | 0 "       | 3 "          |
| All other Diseases,          | 91 "      | 5 "       | 86 "         |
| Total,                       | 300 "     | 35 "      | 265 "        |
| Surgical Cases,              | 147 "     | 18 "      | 129 "        |
| Total,                       | 447 "     | 53 "      | 394 "        |

Medical Officers at present are as follows :

|                                   |                        |
|-----------------------------------|------------------------|
| In the Surgical Department,       | { D. Brainard, M. D.   |
|                                   | { W. B. Herrick, M. D. |
|                                   | { J. E. McGirr, M. D.  |
| Medical Department, . . . .       | N. S. Davis, M. D.     |
| Interine or Resident Assistant, . | C. C. Cornett, M. D.   |

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*Transactions of the American Medical Association.*

WE see by our exchanges that the sixth volume of the Transactions of the American Medical Association is published. Those wishing it should send in their orders immediately. We know nothing of its contents excepting what we have learned from the notices of our exchanges. J.

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*Pereira's Materia Medica.*

WE have received from the publishers, Blanchard & Lee, of Philadelphia, the second volume of this valuable work. Dr. P. was engaged in revising it with especial reference to the publication of an American edition, at the time of his death. Three-fourths of the entire treatise had passed through his hands. The labor of completing it has devolved on Dr. Alfred S. Taylor and Dr. George Owen Rees, whose names are a sufficient guaranty that the work has been performed with ability. J.

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From the New York Medical Times.

*Editorial Movements and Changes. New York Journal of Pharmacy.*

This journal, which has just closed the second year of its existence, has passed from the editorship of Dr. McCready, and from under the patronage of the College of Pharmacy of this city, into the hands of Dr. Thomas Antisell, who is to be aided by Prof. Torrey, Dr. C. Enderlin, and Messrs. Edward N. Kent and Benjamin Canavan. The work is enlarged, and much improved in its typographical appearance, and is to give its readers 48 pages monthly, and of an increased size of page of type. With these advantages, and with the prospect of great improvement in the contents of the pages, we trust that it will prove worthy of our great city, and do much towards the promotion of science in its own field.

*Western Journal of Medicine and Surgery.*

A new series of this journal published at Louisville, Ky., and

edited by Prof. L. P. Yandell, was commenced on the 1st of Jan. The old series, which numbered twenty-eight volumes, having been brought to an abrupt close by a fire in the printing office, in November last. The price has been reduced from five dollars to three dollars a year, for which amount eighty pages will be issued monthly. The character of the editor and the aid which he has at hand from his colleagues, give promise of a periodical of interest and of value.

*Journal of the Virginia State Medical Society.*

Dr. J. P. Atkinson has been appointed the financial editor of this Journal, to be issued under the auspices of the State Medical Society of Virginia. The assistant editors are Drs. Bolton, Lewis, Cabell, Thweat, Marx and C. Johnson.

The "Journal Committee" of the Society have purchased the *Stethoscope and Virginia Medical Gazette*, published at Richmond, and edited by Dr. Gooch, which is hereafter to be the organ of the Society. His confreres will regret to learn of the withdrawal of Dr. G. from a post which he filled with so much independence and industry.

From the Buffalo Medical Journal.

Dr. Samuel R. Hollingsworth has succeeded Messrs. Francis Gurney Smith, and John B. Biddle, M. D., in the editorial management of the Philadelphia Medical Examiner.

The Examiner has long sustained an excellent character among our periodicals, and we trust that Dr. Hollingsworth will well maintain the arduous role he has taken upon himself.

Dr. John Dawson has undertaken the editorship of the Ohio Medical and Surgical Journal, made vacant by the death of Prof. Howard. We wish him every success in his new field of labor.

The New Jersey Medical Reporter, one of the best of our exchanges, and which has increased in size and improved otherwise very rapidly under the editorial care of Dr. Joseph Parrish, has now been transferred to Dr. G. M. Butler. The cause of this change is Dr. Parrish's removal to Philadelphia. Dr. Parrish does not, however, entirely disconnect himself from the Reporter, and his monographs will occasionally appear in it. Just now he is writing an excellent series of papers on the "Change of Life" in women.

Dr. Dowler has assumed the editorial chair of the *New Orleans Medical and Surgical Journal*.

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From the Iowa Medical Journal.

*Medical Obituaries.*

Died at Philadelphia, January 4th, Dr. Samuel McClellan, aged 54 years. He was brother of Dr. George McClellan, the late distinguished surgeon of that city. Both brothers lectured in the Jefferson College from its commencement, in which Dr. Sam-



uel McClellan was formerly Professor of Obstetrics, though he afterwards lectured on the same branch in the Pennsylvania College. He was in the enjoyment of an extensive obstetric practice, and his death is said to have been owing to fatigue from over-exertion. His death was much regretted by his numerous friends, both public and professional.

Died, Dr. John Esten Cooke, on the 30th of October, in the 70th year of his age. Dr. Cook succeeded Dr. Drake in the Chair of the Theory and Practice in Transylvania University, and was subsequently connected with the Medical Institute of Louisville. He was a voluminous writer. Besides his treatise on Pathology and Therapeutics, he wrote for the American Medical Recorder, the Transylvania Journal of Medicine, and occasionally on theological subjects.

Drs. Drake and Cooke were fellow students in Philadelphia in 1805.

It is with profound sorrow and deep-felt regret, that we are compelled to record the untimely death of R. L. Howard, M. D., Professor of Surgery in the Starling Medical College of Columbus, Ohio. He died recently, of Pncumonia complicated (says a private letter,) with Bright's disease of the Kidney. We have known him long and well, and can testify to his sterling qualities as a man, his rare acquirements and success as a physician and surgeon, and his abilities as an instructor. The place made vacant by his death, it will be very difficult to fill, either in the flourishing institution with which he was connected, in the ranks of the profession, or in the community in which he lived and labored.

*From the New Hampshire Journal of Medicine.*

Died, Dec. 1, 1853, at New Orleans, of Epidemic Cholera, Abner Hester, M. D., the talented editor of the New Orleans Medical and Surgical Journal, aged 40 years. Dr. Hester enjoyed a high reputation as a skilful and experienced practitioner, and a zealous cultivator of our science. His premature death will be a serious loss to the profession.

Died, in New York, on the 7th of December last, aged 62 years, Thomas G. Mower, M. D., one of the senior surgeons of the United States Army, and a gentleman of varied scientific attainments.

Died, in Paris, on the 2nd of October, of diabetes, complicated with albuminuria, M. Argo, Perpetual Secretary of the Academy of Sciences, and Associate Member of the Academy of Medicine, aged 67 years and a half.

Died, in London, on the 27th of December last, James Gilchrist, M. D., Inspector General of the Army hospitals, and Corresponding Member of the National Academy of Medicine of France.

*Meeting Proceedings.*

At a meeting of the Medical Class, Rush Medical College Session, 1853-4, called for the purpose of expressing the sentiments of the Class towards the Faculty, S. P. Yeomans, of Iowa, was called to the Chair, and J. F. Hamilton was elected Secretary.

On motion, the following Committee was appointed to draw up and report Resolutions. Drs. E. P. Wood, Root and Fish, who, after a short consultation, reported the following resolutions, which were unanimously adopted.

*Resolved*, That in taking leave of Rush Medical College, we unite with pleasure in expressing our entire approbation of the course of Medical Instruction which has been given during the past session.

*Resolved*, That while we feel grateful to all the members of the Faculty, for their unwearied efforts in our behalf, we would especially acknowledge our obligations to Prof. Herrick, who has, in an able and satisfactory manner, filled the chair of Surgery, to which he was so unexpectedly called, by the absence of his distinguished colleague, Dr. Brainard. Also to Drs. Freer and Johnson, who have filled the chairs of Anatomy and Physiology, for the untiring industry and ability which they have exhibited, and the skill which they have manifested, in rendering the instructions upon their respective branches to the fullest possible extent, complete and satisfactory.

*Resolved*, That a copy of the proceedings and resolutions be furnished to the city papers and the *N. W. Medical and Surgical Journal*, for publication.

S. P. YEOMANS, President.

J. F. HAMILTON, Secretary.

Chicago, Feb. 21, 1854.